

**LETTER to HOUSEHOLDS about the STATE MEAL PROGRAM  
for 2002-2003**

Dear Parent or Guardian:

The \_\_\_\_\_ School District/Agency serves breakfast/lunch every school day. Students may buy breakfast for \$ \_\_\_\_\_, and lunch for \$ \_\_\_\_\_. Eligible students may receive meals free of charge or at a reduced price of \$ \_\_\_\_\_ for breakfast and \$ \_\_\_\_\_ for lunch.

- If you now receive Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may be eligible for free meals.
- If your total household income is the same or less than the amounts on the income scale below, your child may receive meals free or at a reduced price. "Household" means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, and utility bills.
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income."

**HOW TO APPLY**

To apply for free or reduced-price meals for your child(ren), complete the attached Application for Free and Reduced-Price Meals, sign it, and return it to the school as soon as possible. The application cannot be approved unless it contains complete eligibility information.

**Food Stamp, CalWORKs, KinGAP, and FDPIR Households**—If you now receive Food Stamp, CalWORKs, KinGAP, or FDPIR benefits for your child(ren), list each child's name and their Food Stamp, CalWORKs, KinGAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

**FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE**—Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court.** Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

**ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.)**—If you **do not** list a Food Stamp, CalWORKs, KinGAP, or FDPIR case number for **each** student listed on the application, you must enter (go to next column):

- The names of all school-age children in your household and the school(s) they attend.
- The names of all other children in your household who do not attend school.
- The names of all adults (21 years and older) and other household members, the amount each person received last month, and the source of income.
- The social security number of the adult household member who signs the application or indicate "none" if the adult does not have a social security number.

An application must be completed, listing all household members and income, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

An adult household member must sign the application.

**INCOME ELIGIBILITY GUIDELINES**

Applicant Copy

July 1, 2002 - June 30, 2003

Household Size	Weekly	Monthly	Annually
1*	\$ 316	\$1,366	\$16,391
2	\$ 425	\$1,841	\$22,089
3	\$ 535	\$2,316	\$27,787
4	\$ 644	\$2,791	\$33,485
5	\$ 754	\$3,266	\$39,183
6	\$ 864	\$3,741	\$44,881
7	\$ 973	\$4,215	\$50,579
8	\$1,083	\$4,690	\$56,277

For each additional household member add:

+ \$ 110                      \$ 475                      \$ 5,698

\* A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

**This is an equal opportunity program.**

**If you believe you have been discriminated against because of race, color, ethnic/national origin, age, sex, or disability, you should immediately contact Rae Dalimonte, Complaint Coordinator, Nutrition Services Division, at (916) 445-6775.**

**CURRENT INCOME**—The amount of income each household member received last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write the usual monthly income or project the annual income. To figure monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

## INCOME TO REPORT

### **EARNINGS FROM WORK**

Wages/salaries/tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm

### **WELFARE, CHILD SUPPORT, ALIMONY**

Public assistance payments, welfare payments, alimony/child support payments

### **PENSIONS, RETIREMENT, SOCIAL SECURITY**

Pensions, supplemental security income, retirement payments, Social Security Income (include Social Security Income received by and for a child)

### **OTHER INCOME**

Adoption Assistance, disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities/net rental income, any other income.

### **FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)**

Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program **or** the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.

**SOCIAL SECURITY NUMBER**—The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If a Food Stamp, CalWORKs, KinGAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a social security number is not needed.

**REPORTING CHANGES**—If your child is approved for free or reduced-price meals, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size becomes smaller. Also, if you list a Food Stamp, CalWORKs, KinGAP, or FDPIR case number, you must tell the school when you no longer receive Food Stamp, CalWORKs, KinGAP, or FDPIR benefits.

**APPLYING FOR BENEFITS**—You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, or your family size becomes larger, you may complete an application at that time.

**VERIFICATION**—School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for Food Stamps, CalWORKs, KinGAP, or FDPIR. Refer to the application for more detailed explanation.

**MEALS FOR DISABLED**—If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meal.

**NONDISCRIMINATION**—Children who receive free or reduced-price meals must be treated in the same manner as those children who pay full price for their meals.

**FAIR HEARING**—If you do not agree with the school's decision regarding your application or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official:

NAME:  
ADDRESS:

TELEPHONE:

**CONFIDENTIALITY**—Family size, household income, and social security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)s eligibility to receive free or reduced price meals and to verify eligibility.

If you have any questions or need assistance in completing the application, please contact:

NAME:  
ADDRESS:

TELEPHONE:

You will be notified by the school when your application is approved for free or reduced-price meals or denied.

**Sincerely,**